

PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
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APPLICATION TO DETERMINE ARREARAGES

- ☐ Child support
 ☐ Spousal support
 ☐ Family support
 ☐ Medical support
☐ Unreimbursed expenses
 ☐ Unreimbursed medical expenses
☐ Other (*specify*):

Attachment to
☐ Order to Show Cause (form FL-300)
☐ Notice of Motion (form FL-301)

1. I ask that arrearages be determined in this case.
2. I have attached (*check all that apply*):
 - a. ☐ a *Declaration of Payment History* (FL-420)
 - b. ☐ a *Payment History Attachment* (FL-421)
 - c. ☐ Other (*specify*):
3. ☐ I ask that the support arrearage be changed as follows:
 - a. ☐ I have already paid ☐ some ☐ all of the support ordered. Proof of payment is attached.
 - b. ☐ The children for whom support is to be paid were living with me full time for the period from _____ to _____. I provided all of their support during that period. I am attaching a detailed declaration explaining these facts and supporting documentation, including any proof that the children were living with me.
 - c. ☐ Other (*specify*):
4. ☐ I have previously asked the other parent for payment and provided the other parent with an itemized statement of the unreimbursed ☐ childcare expense ☐ medical expense (*Attach copies of all bills being claimed and proof of any payments that you have made on these bills.*)
5. ☐ Attorney fees and costs a. ☐ Fees b. ☐ Costs
Income and Expense Declaration (form FL-150) is attached.
6. Facts in support of the relief requested are (*specify*):
☐ contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	
	(SIGNATURE OF DECLARANT)
	<input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant <input type="checkbox"/> Attorney <input type="checkbox"/> Other (<i>specify</i>):

NOTICE: This form must be attached to an *Order to Show Cause* (FL-300) or a *Notice of Motion* (FL-301).

NOT A COURT ORDER